

Promoting development of children with chronic complex conditions – challenges and solutions

# Social Pediatric Centers (SPZ) in Germany

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## Disclosure – Conflict of interest

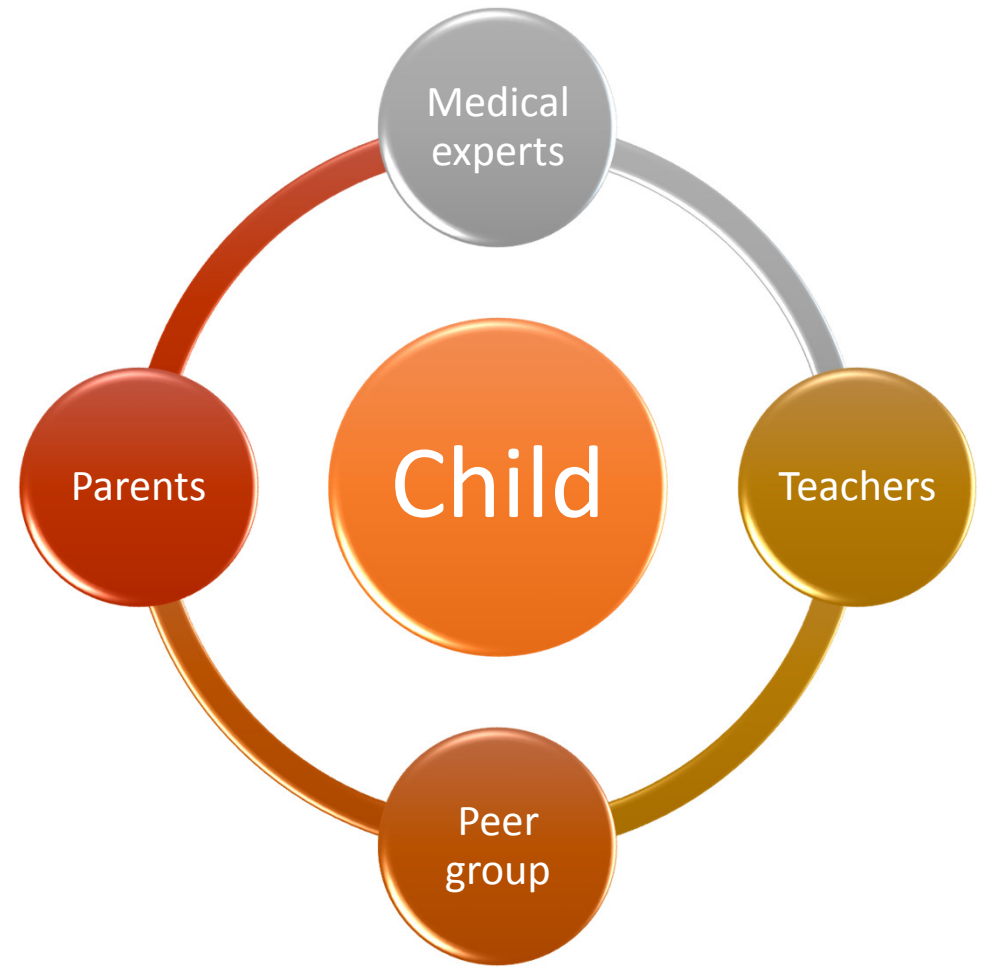
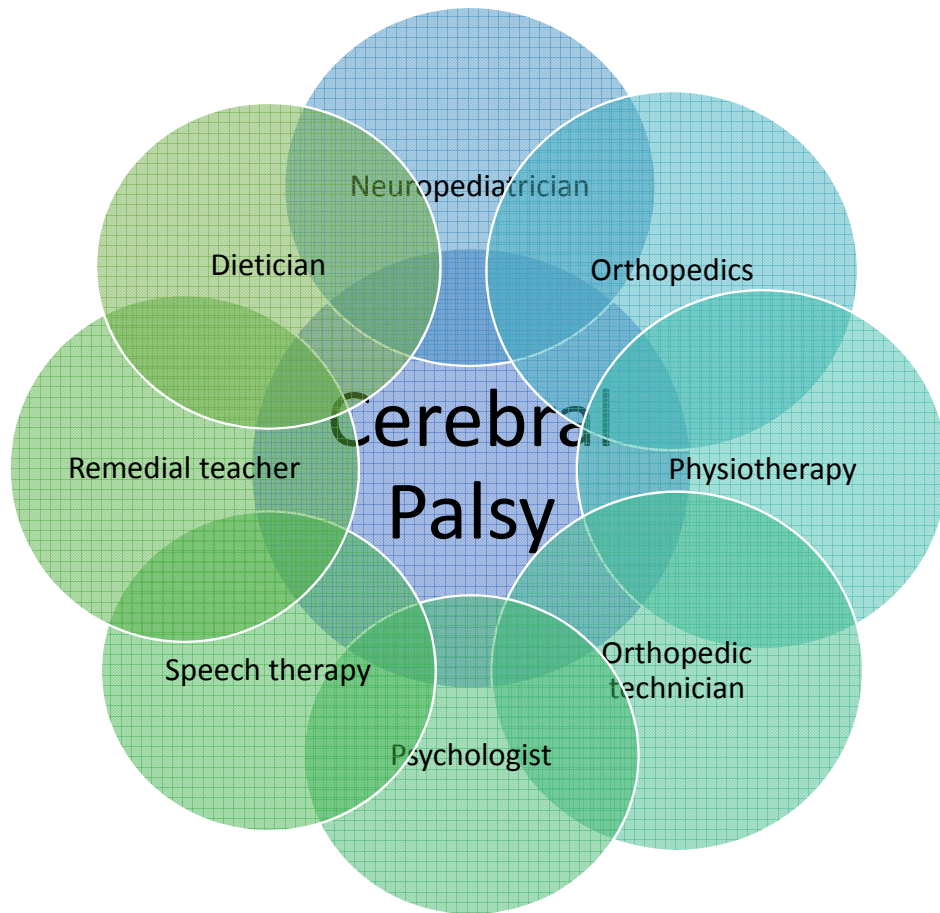
- Head of the Working Group for Quality in Social Pediatric Care of DGSPJ
- Member of the Scientific Advisory Board of „Central Krankenversicherung“ (Generali Group)
- Financial support for a study on autoantibodies in children with epilepsies by Novartis
- Further scientific support:



# Promoting development of children with chronic complex conditions – challenges and solutions

- Challenges in chronic complex conditions
  - ✓ Cerebral palsy
  - ✓ „New Morbidities“
- Social Pediatric Centers in Germany
  - ✓ From basic to specialized care
  - ✓ MBS and EKPSAT

# Challenges in chronic complex conditions



# Challenges in chronic complex conditions „New morbidities“ – Luxury problems?

## **NURTURING CARE** FOR EARLY CHILDHOOD DEVELOPMENT

A FRAMEWORK FOR HELPING CHILDREN **SURVIVE** AND  
**THRIVE** TO **TRANSFORM** HEALTH AND HUMAN POTENTIAL



unicef  
for every child

WORLD BANK GROUP

World Health Organization

ECDAN

The Partnership  
for Maternal, Newborn  
& Child Health

IN SUPPORT OF  
SUSTAINABLE  
DEVELOPMENT  
GOALS

## Wer braucht was?

Neue Ansätze der multidisziplinären Diagnostik  
und Therapie adipöser Kinder und Jugendlicher  
in einer multiethnischen Großstadt

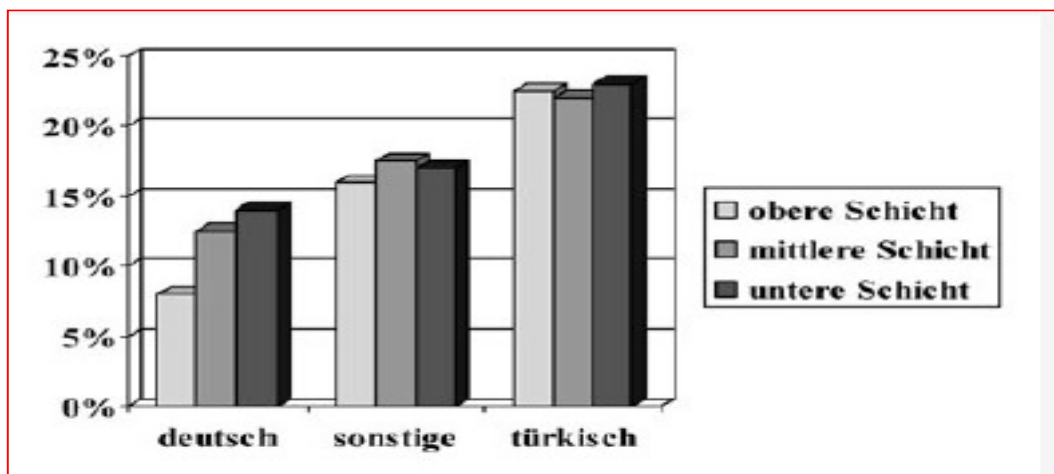
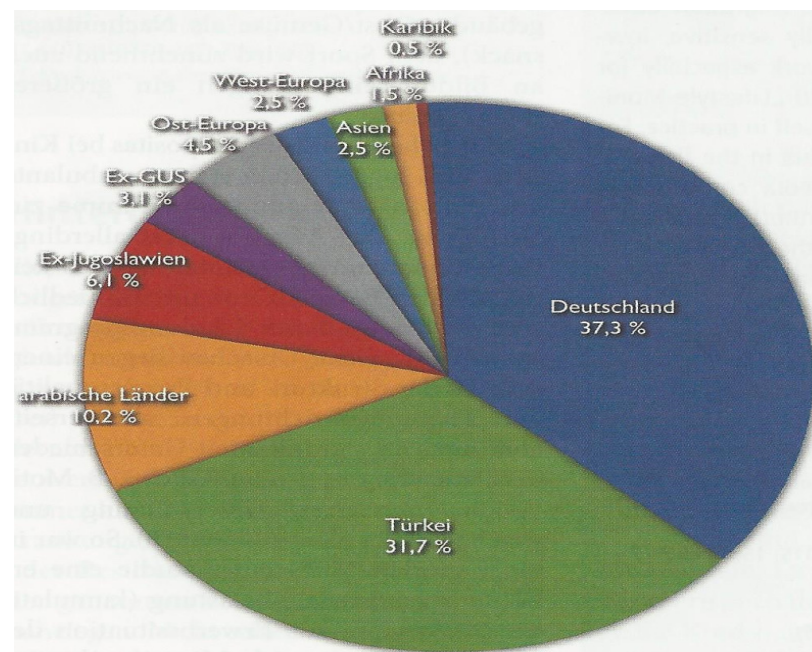


Abb. 3 ▲ Adipöse Kinder (RC) bei der Schuleingangsuntersuchung in Berlin 2001. Differenziert nach Staatsangehörigkeit und sozialer Schicht



## Wer braucht was?

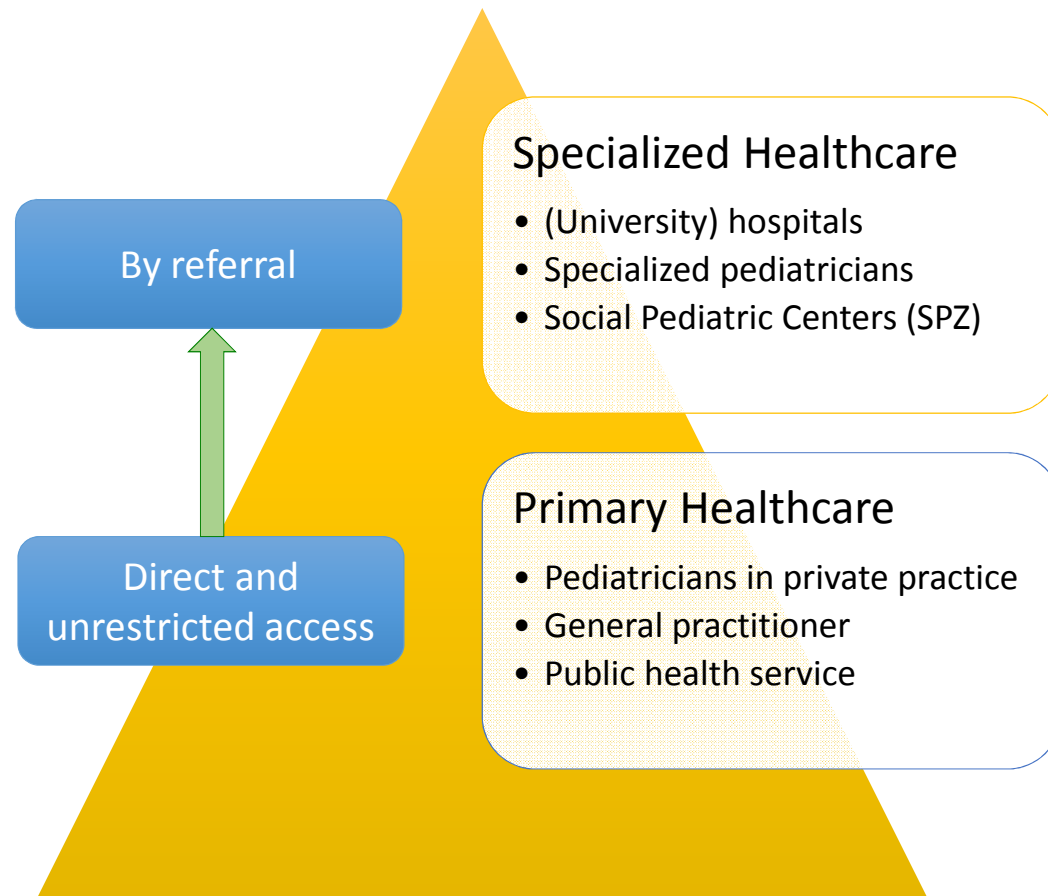
Neue Ansätze der multidisziplinären Diagnostik  
 und Therapie adipöser Kinder und Jugendlicher  
 in einer multiethnischen Großstadt

### Categories for therapy planning for children and adolescents with obesity (n=266)

	A (2.6%)	B (33.5%)	C (43.6%)	D (20.3%)
Target planning	Realistic	Unrealistic	Unrealistic	Unrealistic
Suffering	Present, adequate	High	Low	High or low
Motivation	High	Present	Low	Low, resignation
Familial situation	Stable	Unsteady	Unsteady, difficult	Very difficult
Psychosozial problems	None	Present	Oftentimes	Psychic problems (child)
Comorbidities	None	Rare	Oftentimes	Present
Therapy	Obesity programs (pediatrician, group)	Pediatrician, ambulatory intensive program, educational counseling	Pediatrician (monitoring), therapy of comorbidity	ambulatory intensive program, psychiatrist, long term measure

# Ambulatory healthcare for children and adolescents in Germany

- Statutory health insurance
- Private health insurance
- Social welfare





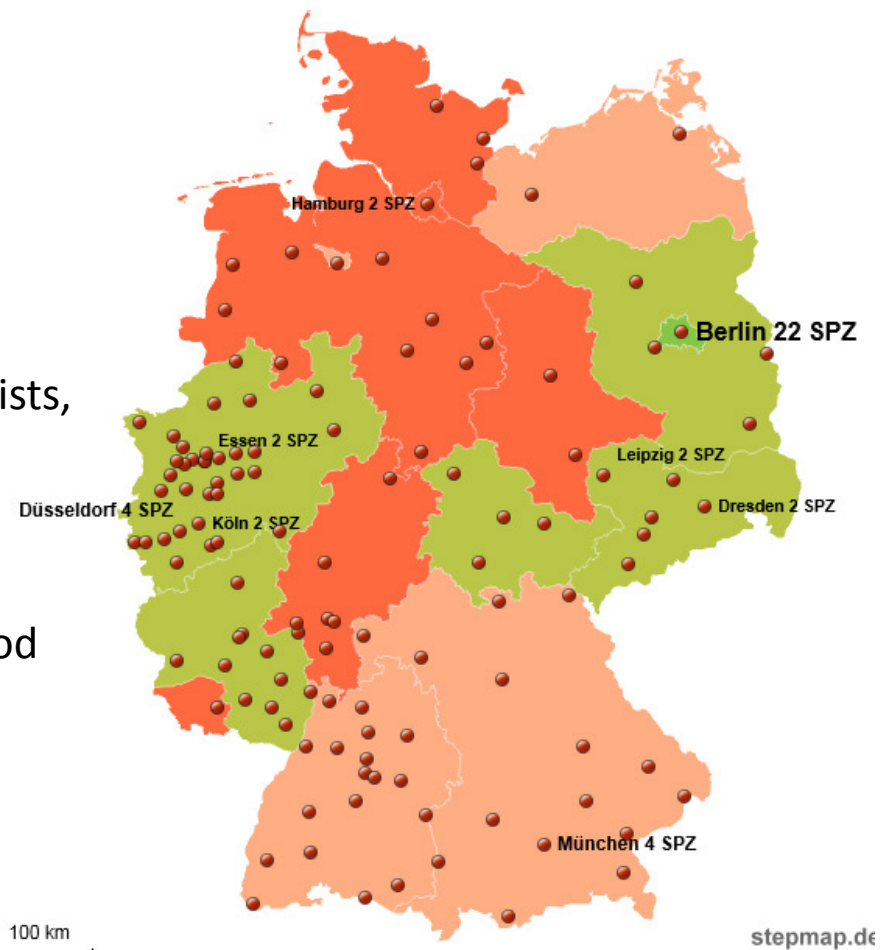
# Sozialpädiatrische Zentren (SPZ)

## Social Pediatric Centers (SPC)

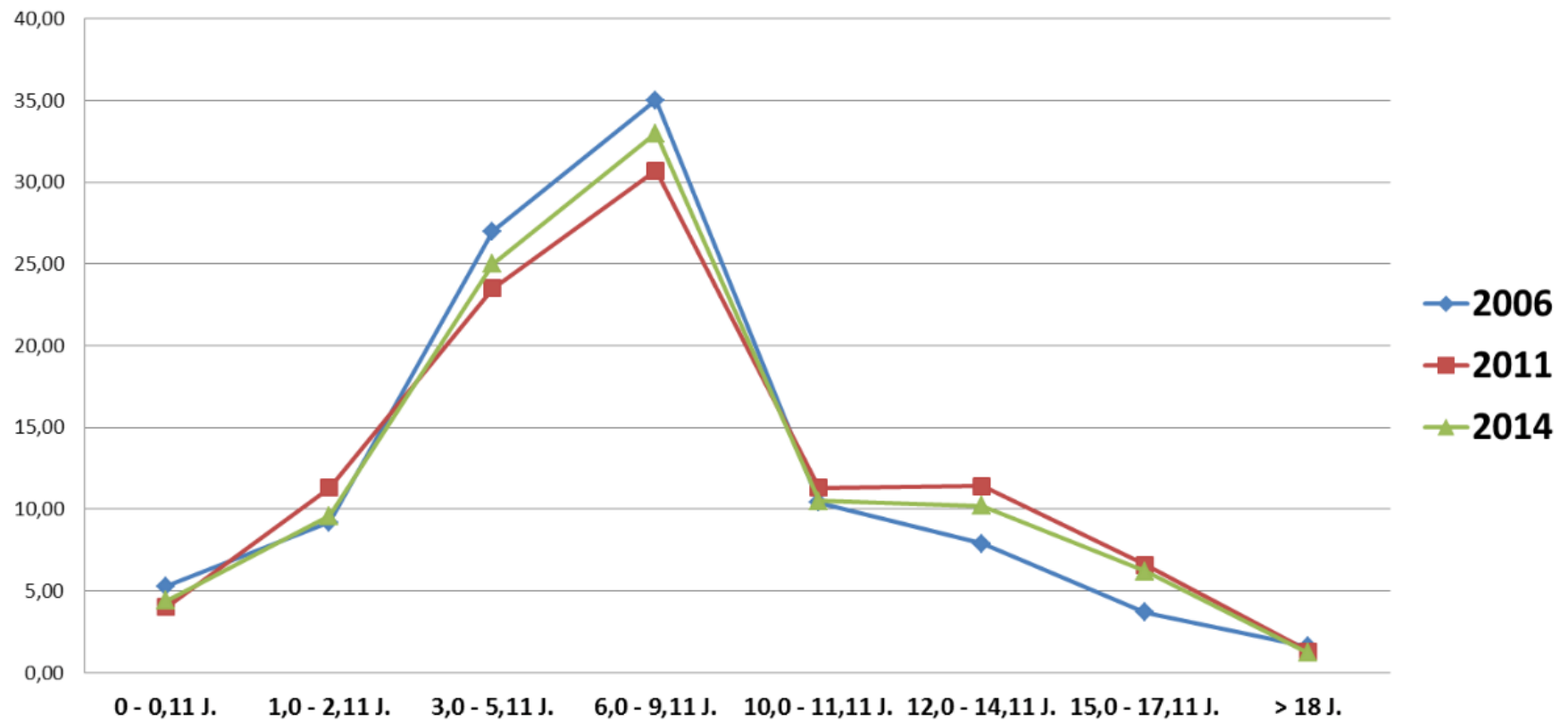
- Constitution of the first SPC in Munich in 1968 (Theodor Hellbrügge)
- Interdisciplinary approach and multidisciplinary team
- High proportion of psychological and psychosocial interventions
- Family integrated/centered approach
- Small emphasis on somatic aspects
- Continuous long term treatment till adulthood
- Networking (educational service, public health service....)

# Sozialpädiatrische Zentren Social Pediatric Centers

- Approximately 150 SPC in Germany
- 350.000 patients in 2014
- 1.100 pediatricians (300 neuropediatricians)
- Psychologists, speech therapists, occupational therapists, physiotherapists, social workers, music therapists, remedial teachers....
- Financed by lump sum per patient and quarterly period



## Social Pediatric Centers – Age distribution of patients



# Quality standards

- Altöttinger Papier (2003)
- Defining structural quality of a SPC
- Further „quality papers“ on different aspects of daily work



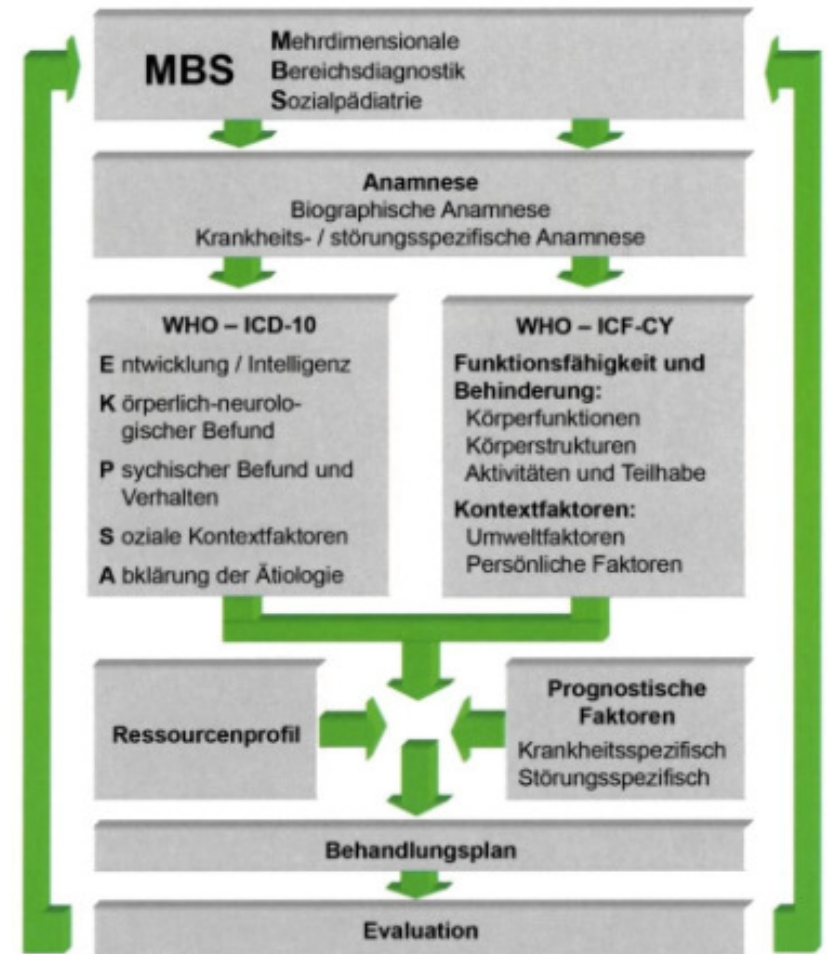
# Quality standard - MBS

- MBS = Mehrdimensionale Bereichsdiagnostik in der Sozialpädiatrie
- Multidimensional Domain-diagnostics in Social Pediatrics
- Multidimensional Balanced System

# Quality standard – MBS EKPSAT scheme

- Integrating ICF(-CY)
- Resource-orientated

## Behandlung in der Sozialpädiatrie Altöttinger Papier 2014

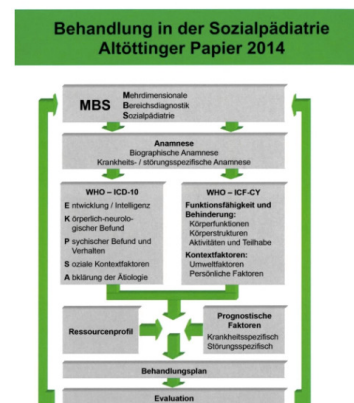


# EKPSAT scheme

- **E** ntwicklung
- **K** örperlich-neurologische Befunde
- **P** sychischer Befund
- **S** ozialer Hintergrund
- **A** etiologie
- **T** eilhabe

# DESPEP scheme

- D**evelopment
- S**omatic/neurological findings
- P**sychological findings
- S**ocial background
- E**tiology
- P**articipation



## EKPSAT scheme – changes of focus over time

	2 years	6 years	13 years
<b>Main problem / diagnosis</b>	<b>Generalized epilepsy</b>		
<b>Development</b>	Developmental disorder with main focus on motor and speech development		
<b>Somatic/neurological findings</b>	Generalized epilepsy with GTCS Ataxia		
<b>Psychological findings</b>	Short concentration span		
<b>Social background</b>	Affectionate parental care		
<b>Etiology</b>	Dravet-Syndrom due to SCN1A-mutation		
<b>Participation</b>	Hardly affected		



# EKPSAT scheme – changes of focus over time

	2 years	6 years	13 years
<b>Main problem / diagnosis</b>	Generalized epilepsy	<b>Intellectual disability</b>	
<b>Development</b>	Developmental disorder with main focus on motor and speech development	Intellectual disability	
<b>Somatic/neurological findings</b>	Generalized epilepsy with GTCS Ataxia	Generalized epilepsy with GTCS	
<b>Psychological findings</b>	Short concentration span	Partial ODD	
<b>Social background</b>	Affectionate parental care	Familial strain	
<b>Etiology</b>	Dravet-Syndrom due to SCN1A-mutation	Dravet-Syndrom due to SCN1A-mutation	
<b>Participation</b>	Hardly affected	Severly restricted participation (learning, communication, self-sufficiency, education)	

## EKPSAT scheme – changes of focus over time

	2 years	6 years	13 years
<b>Main problem / diagnosis</b>	Generalized epilepsy	<b>Intellectual disability</b>	ODD
<b>Development</b>	Developmental disorder with main focus on motor and speech development	Intellectual disability	Intellectual disability
<b>Somatic/neurological findings</b>	Generalized epilepsy with GTCS Ataxia	Generalized epilepsy with GTCS	Generalized epilepsy with GTCS
<b>Psychological findings</b>	Short concentration span	Partial ODD	ODD
<b>Social background</b>	Affectionate parental care	Familial strain	Single parent
<b>Etiology</b>	Dravet-Syndrom due to SCN1A-mutation	Dravet-Syndrom due to SCN1A-mutation	Dravet-Syndrom due to SCN1A-mutation
<b>Participation</b>	Hardly affected	Severly restricted participation (learning, communication, self-sufficiency, education)	Severly restricted participation (learning, communication, self-sufficiency, education)

# Summary

Concerning children and adolescents with complex medical conditions and developmental disorders and their families

- Social pediatric centers are an important factor with respect to an holistic approach
- MBS and EKPSAT scheme might help (especially newcomers in the field of social pediatrics might profit)